

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33349**
Registrar's No. **8407**

FILED SEP 25 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

8407

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 5722 Etzel Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) MAX b. (Middle) c. (Last) RICH		4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 7, 1879
9. AGE (In years last birthday) 73		10. MONTHS 7	11. HOURS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY Tailoring	
11. BIRTHPLACE (City and State or Foreign Country) Russia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hershel Rich		13b. MOTHER'S MAIDEN NAME Dora Teper	
14. NAME OF HUSBAND OR WIFE Lena Rich		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. M. Rich - 5722 Etzel Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 16 mos	
19a. DATE OF OPERATION Sept 5, 1952		19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 151X		22. I hereby certify that I attended the deceased from April 12, 1951 , to Sept 5, 1952 , that I last saw the deceased alive on Sept 4, 1952 , and that death occurred at 3:30 PM , from the causes and on the date stated above.	
23a. SIGNATURE Arthur Feldman M.D.		23b. ADDRESS 634 140 Grand Ave.	
23c. DATE SIGNED 9/6/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 9/7/52		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Frank J. Smith	
25. ADDRESS 151X		DATE REC'D BY LOCAL REG. SEP 8 1952	
REGISTRAR'S SIGNATURE J. Carl Smith M.D.		26. LICENSED EMBELLER'S SIGNATURE Frank J. Smith	
26. ADDRESS 151X		27. LICENSED EMBELLER'S STATEMENT ON REVERSE SIDE	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richmond H. S.

Licensed Embalmer No. 3691

P. O. Address

Richmond H. S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.